PATE	NT APPLICATION	no persons are required to DN FEE DETERMI Titules for Form PTO-87%	U.S. Pater respond to a collection	and Trades	Noved for us nank Office; (e through 7/31/ U.S. DEPARTA	PTOISEUS (2006, OMB 965)	12-04) -0032
	Subs	IN FEE DETERMINENTO BY	VATION REC	ORD	Non unless &	official a valle	1.OMB control nu	mber.
APPLICATION AS FILED - PART I						294	8 22	ا و د
	(Cotann 1)						_	-8
FOR		(Column 2)		MLL ENTI	TY C	R · SI	THER THAN MALL ENTITY	- 1.
BASIC FEE (97 CFR 1.16(a), (b), or (cf)	NUMBER FILED	NUMBER EXT	A RATE	(h)				
SEARCH REC	 			W 100	E(0)	RATE	(F) FEE	5
(ST OFR LIGHT, (R, or (m)) EXAMPLATION FEE						<u> </u>		7
(a) CFR 1.16(o), (p), or (a)].			\neg
TOTAL CLAIMS 97 CFR 1.16(1)			<u> </u>		7			
NDEPENDENT CLATUS	minus 20		×25,00		\neg	-		_
G7 OFR 1.16(h))	minus 3	• .	1 1 1		OR	×50.00	· e	- 1
APPLICATION SIZE	the specification sheets of paper the	and drawings exceed 10	140700			×200.00		7
FEE (37 CFR 1.16(s))	B \$250 (\$420 cm	A STANDARD OF BEEN OF	e / /·	- 1	1			\dashv
	35 U.S.C. 41/21/41/	nail entity) for each or fraction thereof. Se 3) and 37 CFR 1.16(s).	•	1	-	1	1 .	- [
MULTIPLE DEPENDENT CL					1	1	1	1
***	AUTHRESENT (37 CFF	t 1.16(D)·	11		\exists	 		4
" if the difference in column 1	is less than zero, enter	"In column 2"		+	┥.			1
APPLICATION	ON AS AMENDED		TOTAL	· L	i	TOTAL		7
/ = 0.	WENDED	-PART II	•				<u> </u>	┨
6-26-0600m		(Column 2) (Column 3)	•				•	1 .
▼ REMA	MS	HIGHEST	SMALL	ENTITY	OR	OTHE	R THAN ENTTY	1
5L AFT	BR PR	WUMBER PRESENT EVIOUSLY EXTRA	RATE (5)	ADDI	7 ſ		· ·	┨.
Total "U	Minus -	AID FOR	1 L_	TIONAL FEE (\$)	1 1	RATE (\$)	ADD+ TIONAL	1
Independent Car CFR 1.1600	Minus	36 6	×25.00=	(4)	1 F	e' -	FEE (8)	
Independent ar cFR 1.16(h) Application Size Fee (37 CFR 1.16(h))		7 1 0			- OR -2	50.00 =	300.0	b 484
	FR 1.16(s))		×100.00=		OR 2	200.00 -		. 0
FIRST PRESENTATION OF M	LITPLE DEPENDENT OL	AM (37 CFR 1. iem)		<u>·</u>	1 L			•
			TOTAL		OR	T		
25.07			ADDL FEE			OTAL .		
(Cokimin	100	olumn 2) (Column 3)	_		, A	DOLFEE [
REMAINI	IG NUI	HEST MBER PRESENT	247					
TOTAL	NT PAC	OUSLY EXTRA	RATE (S)	ADDI- TIONAL		ATE (S)	ADD1	٠
CT OFR 1.16(1)	Minus -	-	h	FEE (\$)	L.		TIONAL	
profit (1000)	Minus ***		×	1	OR X		FEE (5)	
Application Size Fee (37 CFR	1,16(s)).		X =					
FIRST PRESENTATION OF MULT	DI E DEDON	·			OR X			-
	TE VE TO DENT CLAVA	(37 CFR 1.16(II)			_			
			TOTAL	!	OR			
If the entry in column 1 is less to If the "Highest Number Previous"			ADO'L FEE	- 1.	OR . TOTA	L I		

"If the entry in column 1 is less than the entry in column 2, write "U" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CPR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

Department for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.